Journal of Dental Sciences (2012) 7, 400

Available online at www.sciencedirect.com
SciVerse ScienceDirect
journal homepage: www.e-jds.com

LETTER TO THE EDITOR

Comments on several case reports

After reading four case reports published in the *Journal of Dental Sciences*, I would like to give my comments on these cases. The first one is a case of nevoid basal cell carcinoma syndrome.[1] The 15-year-old girl presented with multiple odontogenic keratocysts, a bifid rib of the right fourth rib, ectopic calcification of the *falx cerebri*, and an arachnoid cyst of the cerebrum. I suggest following-up the patient closely to see whether the basal cell carcinoma, ovarian fibroma, meningioma, or cardiac fibroma develop in the future, because these malignant or benign tumors may occur in a nevoid basal cell carcinoma syndrome patient.

The second is a case of florid cemento-osseous dysplasia (FCOD).[2] The 46-year-old female patient was found to have two mixed radiolucent and radiopaque lesions at the periapical region of tooth #47 and the edentulous area of tooth #37. Because of the symmetric distribution of these two mixed lesions with no alveolar bone expansion and the positive vitality test of tooth #47, the patient was diagnosed with FCOD. For the FCOD patient, other new lesions may develop months or years later; I suggest follow-up with panoramic radiography at least once a year. From our experience, FCOD patients in Taiwan usually show lesions predominantly in the mandible rather than in the maxilla.

The third case was a severe anemia patient who recovered from the anemia dramatically after extraction of many hopeless teeth and resolution of severe periodontitis.[3] This case is very interesting. The authors also taught us how to differentiate anemia of chronic disease from iron-deficiency anemia. Both anemia of chronic disease and iron-deficiency anemia patients have low serum iron levels; the former patients usually have normal or low total iron-binding capacity and high serum ferritin level but the latter patients often have high total iron-binding capacity and lower serum ferritin level.

The fourth case described an accidental swallowing of the head of a dental mirror by a 26-year-old male patient.[4] Foreign bodies such as root canal files and reamers, dental clamps, lip clips, burs, posts, teeth, orthodontic brackets, implant components, crowns, bridges, small partial dentures, and even toothbrushes have been reported to be swallowed or aspirated by patients. Although several methods including using a rubber dam whenever possible, tethering any small instrument with a ligature, and placing a gauge screen across the oropharynx have been used to prevent accidental swallowing or aspiration of foreign bodies, these events sometimes occur. Therefore, establishment of a standard operating procedure for the accidental swallowing or aspiration of foreign bodies by a dental patient is absolutely necessary for any type of dental clinic.

References

1. Huang YF, Chen YJ, Yang HW. Nevoid basal cell carcinoma syndrome — case report and genetic study. *J Dent Sci* 2010;5:166—70.
2. Lin TM, Huang WH, Chiang CP, Lin HN, Liao YS, Chiang ML. Florid cemento-osseous dysplasia (FCOD): case report. *J Dent Sci* 2010;5:242—5.
3. Lu SY, Eng HL. Dramatic recovery from severe anemia by resolution of severe periodontitis. *J Dent Sci* 2010;5:41—6.
4. Oncel M, Apiliogullari B, Cobankara FK, Apiliogullari S. Accidental swallowing of the head of a dental mirror: report of a rare case. *J Dent Sci* 2012;7:199—202.

Hsin-Ming Chen
Assistant Professor, Department of Oral and Maxillofacial Surgery, National Taiwan University Hospital, National Taiwan University, Taipei 10048, Taiwan
E-mail address: hmchen51@ntuh.gov.tw

Final revision received 2 October 2012

accepted 30 October 2012

http://dx.doi.org/10.1016/j.jds.2012.11.001